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									Application or Docket Number		
Substitute for Form PTO-876									106.995/		
CLAIMS AS FILED - PART I											
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BA	FOR BIO FEE	NUME	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	
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	EPENDENT CLAI CFR 1.18(b))	MS	. minus 3° =			╄┈		<del> </del>	OR	X 4	<u>.                                    </u>
MU	LTIPLE DEPENDE	NT CLAIM PRESE		<del></del>		1	X \$=	<del>                                     </del>	OR	.X \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						1	+ \$=		OR	+ \$=	
If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
9	120196	(Column 1)		(Column 2)	(Column 3)				OR	OTHER	R THAN
AMENDMENT A		CLAIMS		HIGHEST		1	SMALL	ENTITY	OK I	SMALL	ENTITY
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AMENDMENT B	٠.	REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		DATE	
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					TOTAL		OR	† \$=			
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AMENDMENT C		CLAIMS	•	(Column-2) HIGHEST	. (Column 3)	ſ	· · · · · · · · · · · · · · · · · · ·				
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))								OR	+ 6	
•	If the entry in co	slumn 1 is toos 44	4 4b mr 4		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
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